

**UNITED STATES DISTRICT COURT  
DISTRICT OF NEW JERSEY**

<hr/> (Plaintiff in this action)	:	<b>AFFIDAVIT OF POVERTY and ACCOUNT CERTIFICATION (CIVIL RIGHTS)</b>
v.	:	Civil Action No. <hr/>
		(To be supplied by the Clerk of the Court)
<hr/>	:	DNJ-Pro Se-007-A-(Rev. 09/09)
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<hr/>	:	
<hr/>	:	
(Defendant(s) in this action)	:	

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**Instructions:**

The Clerk will not file a civil complaint unless the person seeking relief pays the entire filing fee (currently \$350.00) in advance or the person applies for and is granted in forma pauperis status pursuant to 28 U.S.C. § 1915. See Local Civil R. 5.1(f). A prisoner<sup>1</sup> who seeks to proceed in forma pauperis must submit to the Clerk: (1) a completed affidavit of poverty; and (2) a copy of the trust fund account statement for the prisoner for the six month period immediately preceding the filing of the complaint, obtained from and certified as correct by the appropriate official of each prison at which the prisoner is or was confined for the preceding six months. See 28 U.S.C. § 1915(a)(2). When a Judge in the District of New Jersey enters an order granting a prisoner's application to proceed in forma pauperis, pursuant to 28 U.S.C. § 1915(b), the order assesses the current filing fee against the prisoner and collects the fee by directing the agency having custody of the prisoner to deduct an initial partial filing fee equal to 20% of the greater of the average monthly deposits to the prison account or the average monthly balance in the prison account for the six-month period immediately preceding the filing of the complaint, as well as monthly installment payments equal to 20% of the preceding month's income credited to the account for each month that the balance of the account exceeds \$10.00, until the entire filing fee has been paid, regardless of the outcome of the proceeding. See 28 U.S.C. § 1915(b).

The prisoner must complete all questions in the following affidavit, sign and date the affidavit, and then obtain the signature of the appropriate prison official who certifies the prison account statement. After the appropriate prison official certifies your prison trust fund account statement(s), you must attach the prison account statement(s) to this application, for each prison or jail wherein you were incarcerated during the previous six months. If your application to proceed in forma pauperis is incomplete, then the Court may enter an order denying your application without prejudice and administratively terminating your case without filing the complaint.

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<sup>1</sup> The term "prisoner" means any person incarcerated or detained in any facility who is accused of, convicted of, sentenced for, or adjudicated delinquent for, violations of criminal law or the terms and conditions of parole, probation, pretrial release, or diversionary program. See 28 U.S.C. § 1915(h).

In support of this application, I state the following under the penalty of perjury:

1. I, \_\_\_\_\_ (print your name), declare that I am the  
☐ Plaintiff / movant ☐ Other

in the above-entitled proceeding; that, in support of my request to proceed without being required to prepay fees, costs, or give security therefor, I state that because of my poverty, I am unable to prepay the costs of said proceeding or give security therefor; that I believe I am entitled to relief.

2. The nature of my claim or the issues I intend to present on appeal are briefly stated as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. List dates and places of confinement for the immediately preceding six months:

Dates of Confinement

Places of Confinement

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

For each institution in which you have been confined for the preceding six months, you must obtain a copy of your prison account and the signature of the appropriate prison official (see certification on p. 3).

4. Are you employed at your current institution? ☐ Yes ☐ No

Do you receive any payment or money from your current institution? ☐ Yes ☐ No

If Yes, state how much you receive each month: \_\_\_\_\_

5. In the past 12 months, have you received any money from any of the following sources?

			<u>Amount</u>
a.	Business, profession, or other self-employment	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
b.	Rent payments, interest, or dividends	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
c.	Pensions, annuities, or life insurance payments	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
d.	Disability or workers compensation payments	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
e.	Gifts or inheritances	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
f.	Any other sources	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

6. Other than your prison account, do you have cash or a checking or savings account in your name?

☐ Yes

☐ No

If "Yes," state the total in the account at this time: \_\_\_\_\_

7. Do you own any other assets or property?

☐ Yes

☐ No

If "Yes," please describe: \_\_\_\_\_

\_\_\_\_\_

8. I, \_\_\_\_\_  
(Print or Type Name and Number of Prisoner)

declare under penalty of perjury that the aforesaid statements made by me are true and correct. I authorize the agency having custody over me to assess, withdraw from my prison account, and forward to the Clerk of the District Court for the District of New Jersey (1) an initial partial filing fee equal to 20% of the greater of the average monthly deposits to my prison account or the average monthly balance in my prison account for the six-month period immediately preceding the filing of the complaint, and (2) payments equal to 20% of the preceding month's income credited to my prison account each month the amount in the account exceeds \$10.00, until the \$ 350.-- fee is paid. 28 U.S.C. § 1915(b)(1) and (2).

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PRISONER

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THIS PORTION OF YOUR APPLICATION SHALL **NOT** BE LEFT BLANK.

IF THIS PORTION IS NOT COMPLETED, YOUR APPLICATION WILL BE DENIED WITHOUT PREJUDICE

### **ACCOUNT CERTIFICATION SIGNED BY PRISON OFFICIAL**

I, \_\_\_\_\_ (print name), certify that the attached trust fund account statement (or institutional equivalent) is a true and correct copy.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)